

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

29

STATE FILE NUMBER

AMENDED

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1601 N. 2nd St.		d. STREET ADDRESS (If outside, give location) 1601 N. 2nd St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ELMER Middle M. Last ROUND		4. DATE OF DEATH Month January Day 6 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1896
9. AGE (last birthday) 65		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired employee		10b. KIND OF BUSINESS OR INDUSTRY Water Company	
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Perry Round		13b. MOTHER'S MAIDEN NAME Eliza unknown	
14. NAME OF HUSBAND OR WIFE Lillie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Lillie Round, 1601 N. 2nd, St. Joseph, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accidental CO poisoning DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH stroke stroke	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Last seen alive when he went to start car		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Starts car, smoke coming from car in front of residence	
20c. TIME OF INJURY Hour 1:15 a.m. Month, Day, Year 1 6 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION St Joseph Buchanan Mo.
21. I attended the deceased from 11:15 am to 6:20 and last saw him alive on 7-6-62 Death occurred at 11:15 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE S.E. Melaney M.D.		22b. ADDRESS 214 N. 1st St. St. Joseph, Mo.	
22c. DATE SIGNED 1-12-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/9/1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Mo.
24. FUNERAL DIRECTOR Heaton-Bourner		25. DATE REC'D. BY LOCAL REG. Jan. 15, 1962	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

BY AFFIDAVIT OF S.E. Melaney, M.D.

APR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Erasmus Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, H. J. Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.